Kentucky Natural Resources and Environmental Protection Cabinet Department for Environmental Protection - Division of Waste Management 14 Reilly Road - Frankfort, Kentucky 40601 NOTIFICATION OF MINOR MODIFICATIONS TO HAZARDOUS WASTE PERMITS NOT REQUIRING PRIOR APPROVAL OF THE CABINET							DO NOT WRITE IN THIS SPACE				
Installation's EPA II	Number:										
FEE SUBMITTED:	<u> </u>				SE ONLY:						
Name of Facility	,		Receipt	No.		Date:					
2. Location of Faci	lity:										
City:			State:				Zip:				
3. Modification Ser	rial Number:										
4. Date of Permit F	Expiration:										
5. Minor Modificat SUBSECTION_	ion(s) put into		r the pro	visions o	f 401 KA	R 38:	040 S	ECTI(ON 3		
6. Itemized Modifi	cations: (See I	nstructions)								
ITEM NO.	AFFECTED PERMIT CONDITION OR ATTACHMENT		PAGE NUMBER IN THIS PACKAGE			IIS	EFFECTIVE DATE			ГЕ	COMMENTS
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SIGNATURE OF A	UTHORIZED .	AGENT:							D	ATE:	
NAME OF AUTHOR	RIZED AGEN	T (PLEASE	E TYPE):	:							
TITLE:											
8. SUBSCRIBED A	AND SWORN	BEFORE N	ИЕ ВҮ:								
THIS THE DAY OF, 19											
NOTARY PUBLIC S	SIGNATURE:										
MY COMMISSION	EXPIRES:										

T					
6. Itemized Modifi	ications: (Continued)				
ITEM NO.	AFFECTED PERMIT CONDITION OR ATTACHMENT	PAGE NUMBER IN THIS PACKAGE	EFFECTIVE DATE	COMMENTS	

ITEM NO.	FACILITY:
	LOCATION:
	EPA ID NUMBER:
	PERMIT MODIFICATION SERIAL NO.

9. DESCRIPTION OF MODIFICATION:

GENERAL INSTRUCTIONS FOR THE NOTIFICATION OF MINOR MODIFICATIONS TO HAZARDOUS WASTE PERMITS

NOTE: Instructions are provided only for categories in the Notification of Minor Modifications to Hazardous Waste Permits form which are not self-explanatory. If you have questions about <u>any</u> information category, please call the Division of Waste Management at (502) 564-6716 and ask for the Hazardous Waste Branch. The form must be typed.

CATEGORY/INSTRUCTIONS:

FEE SUBMITTED: Complete this category with the amount of your enclosed check. Checks must be made payable to the **Kentucky State Treasurer. DO NOT SEND YOUR CHECK TO THE KENTUCKY STATE TREASURER - - IT MUST BE SUBMITTED WITH YOUR FORM.** To determine the appropriate fee to be submitted, refer to KRS 224.46-018.

- 3. **MODIFICATION SERIAL NUMBER:** Upon using this form, for the first time, modification serial number "1" applies, and as future notifications must be made, they shall follow in proper numerical order.
- 6. **ITEMIZED MODIFICATIONS:** Number and enter the affected permit condition or attachment. Please be as specific as possible (e.g., "Attachment V, <u>Contingency Plan"</u> or "Condition II.F.4"). Clearly state the location of the modification in the permit (e.g., "Replace page G-2 in Attachment V"). List the date that the modification has been put into effect at the facility. Copies of all pages containing modifications should be attached to the application.
- 9. **DESCRIPTION OF ITEMIZED MODIFICATION:** Comments on individual modifications may be made on the two pages provided. If more pages are needed for comments, the facility should use the enclosed pages to make additional copies. The "Item No." box corresponds to the "Item No." listed on the first page of the notification form. The facility's name, location, EPA identification number and modification serial number may be inserted on the proper lines.

COMPLETED FORM: The completed <u>original</u> in true and correct form shall be notarized and placed in the facility's permit directly behind the cover sheet, with the most recent form on top. Four notarized <u>copies</u> shall be mailed to the Cabinet with other appropriate materials.